

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH LCDR THOMAS MINEHAN, MC, USN

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23 JULY 2015
TELEPHONIC

OFFICE OF MEDICAL HISTORY
BUREAU OF MEDICINE AND SURGERY
SKYLINE COMPLEX, FALLS CHURCH, VIRGINIA

The date is the 23 July, 2015. Today we have the great privilege of speaking with Dr. Tom Minehan, a former Navy surgeon whose service includes duty at the National Naval Medical Center, Bethesda and aboard the aircraft carrier, USS *America*. This session is being conducted as part of the BUMED Oral History Project.

Q: Dr. Minehan, I really appreciate your time today. Oral histories are narratives first and foremost, and all narratives must have a beginning. I would like to start off with your beginning. Where did you grow up?

A: I was born and raised in Troy, New York.

Q: Any fond memories of growing up in Troy, New York.

A: My good memories of Troy centered around outdoor activities—hunting and fishing. The high school was academically rigorous.

Q: What about your parents? What did they do for a living?

A: My mother was executive secretary of the Russell Sage College¹ Alumni Association for many years, and my father was manager of the Arrow Shirt Company² factory in Troy.

Q: Do you have any siblings?

A: I have one sister.

Q: Did you have any early aspirations growing up?

A: I think by my second year in high school I was pretty well tracked into medicine. I have no idea why that would have been, but that just basically was where I figured I was going.

Q: Did you have any mentors that kind of helped you along that way?

A: No, none.

Q: So, you said you were tracked to medicine. After you graduated high school where did you go to college?

A: University of Toronto.

Q: What did you major in?

¹ Russell Sage College was a historically women's college based in Troy, NY. It was founded in 1916 by suffragist Margaret Slocum.

² Cluett Peabody & Company, Inc. was started in 1851 in Troy, NY. It is best known for manufacturing Arrow Brand shirts and related apparel.

A: Physics.

Q: Did you go directly into medical school after that?

A: I did, at Yale.

Q: A very prestigious medical school. What was it like to be a medical student at Yale in the 1960s?

A: It was different from most medical schools in that there were no exams. Hard to believe, but you just tracked along. You studied ferociously because everybody else was studying ferociously and you're always worried that you weren't keeping up. After two years in medical school there was an exam that every medical student in the country took, and there was also one, as I recall, at the end of four years, or something similar. But in between, you did not have any grades.

Q: Interesting, why is that?

A: That's just the way they did it. They figured that everybody was just going to do their best, and that really seemed to work very well because for many, many years Yale was either number one or number two in the country. Things began to fall apart about two years after I graduated. But

as far as I know, they still don't take exams at Yale medical school.³

Q: When did you graduate?

A: 1969.

Q: You said that you're a Berry Planner?⁴

A: Yes.

Q: So you were actually drafted into service?

A: I was indeed. I chose the Navy. You could choose your service.

Q: Was this before your residency?

A: Yes.

Q: Why the Navy?

A: A couple of negative reasons. I wasn't interested in slogging around on the ground in the Army and I had a

³ The Medical School is famous for a system established by Dean Milton Winternitz in the 1920s, wherein first- and second-year students are not graded or ranked.

⁴ Armed Forces Physicians Appointment and Residency Consideration Program (or Berry Plan). Conceived in 1954 by Assistant Secretary of Defense for Health Affairs Frank B. Berry (1892-1976), the Berry Plan allowed for physicians to be deferred from military service while pursuing training in medical specialties that they would use in their two-year military commitment. The adoption of the all-volunteer military force in 1973 marked the end of the Berry Plan.

terrible fear, at that time, of flying, so that left the Navy. That sounds silly, but I just had to make a choice and the Navy came out of that sort of silly thinking.

Q: Did you have to go through Officer Candidate School?

A: No, nothing like that. You just accumulated rank as you went on. There was no ROTC kind of stuff. It had two benefits. One was we got to finish our residency and the other benefit was to the Navy that they could anticipate five years down the line what kind of manpower they would have to be able to fill the slots that they needed to fill. So it worked out very well for both parties, except that about two years before I finished my residency the draft was abolished. I had signed the contract so I was going in no matter what.

Q: Where did you do your residency?

A: Yale also.

Q: And that was in general surgery?

A: Yes.

Q: So tell me, what were your first impressions of being in the Navy?

A: Well, I went in sort of without adverse thoughts about military service. I was going and that's the way it was going to be, and I really didn't have a notion about what it was all about, about military culture, or anything of that sort. I just went along with it. They had a program where they spent a few days talking to you about what was expected of you as an officer and how to behave and so on and so forth, and who to salute and who not, and it was a good little program-not much content to it, but enough so that we didn't go in and make terrible blunders. But, you know, my job was really not as a combatant. I was there to be a surgeon and so most of my time was spent as a surgeon rather than as a naval officer.

Q: And your first station was Bethesda Naval Hospital?

A: Yes.

Q: What do you recall about this hallowed institution?

A: It was a very high quality institution. The surgeons that were career officers were really the best of the best. They were wonderful surgeons and great people, and I just couldn't have gotten a better deal for that year anywhere that I could go in the Navy. It was as good as it got. And

the way things were arranged was that as the junior surgeon you were paired up with a senior career surgeon, so there were two of you that shared a room and helped each other. The guy that I got paired up with was named Don Sturtz,⁵ He was as good a guy as walks the face of the earth. We still send Christmas cards to each other. So, for a year, I worked with Don, and then got transferred off to the ship for my second year, which, apparently, was sort of what happened with the rotation. You spent a year at Bethesda and then you went elsewhere. I didn't know quite what to make of any ship then.

Q: I can imagine that must have been a very difficult transition having never served aboard a ship before?

A: It was sort of going from having all the backup that I was used to, going through a residency program at Yale, and then back up for another year at Bethesda just in terms of having a whole lot of people around that could help when you got into trouble. All of a sudden I was about as "on my own" as possible. So that was a little bit formidable, but I got used to it and went forward. I learned my job as I

⁵ Sturtz, Donald L, RADM, MC, Ret., Sturtz was a former fighter pilot-turned surgeon.

went in terms of being responsible for the surgical portion of the practice onboard the ship.

Q: Do you recall what a typical day was like aboard the *America*?⁶

A: Usually there was sick call, and I was part of that sick call doing general medicine. But, the pilots were cared for by flight surgeons who were not surgeons, but they had general medical training; they had some psychiatry; they had some ENT training, and they were really responsible for making decisions about who could fly and who could not fly. And the other three guys in the Medical Department were all flight surgeons. But, I shared sick call each day for a couple of hours with them. They were very good to me in terms of trying to insulate me from difficult medical problems, or difficult psychological problems and so on.

We did elective surgery onboard in order to keep my staff up and running so that when we hit disasters, which we did, we were ready to go and not groping around trying to find stuff and so on. I had a schedule; I would do, maybe, three, four, or five cases a week, or maybe a few

⁶ USS America was a *Kitty Hawk*-class supercarrier commissioned in 1965. She was decommissioned in 1996.

more than that. Nothing very big, probably a hernia was the biggest elective case that I did, but I kept a bunch of stuff going so that my MED tech was up in terms of helping with the OR and running the sterilizer and had the supplies set up appropriately. When crunch came we were just ready to hit the ground rolling. And for the most part, that worked out well. Things went along and I learned my job about how to be a leader. I'm something of a loner and I had to change my ways a little bit in terms of keeping the department going and being responsible for my side of the action in the Medical Department.

Q: Could you tell me about the day you saved the ship?

A: Yes. Well, it was a pretty standard day. We were in the Mediterranean, as I recall, and had just gotten there within a week, and we were still in the Western Med. There were three carriers: one spent some of the year in Norfolk being refitted; another one went across and went to the Eastern Med immediately; the one in the Eastern Med came back and spent the second half of the tour in the Western Med, and then when that tour ended they went back to Norfolk and the ship at Norfolk came over and went into the Eastern Med. And as I recall we had just gotten through

Gibraltar and really hadn't gotten very far in and my senior medical officer came to me some time in the afternoon and had this wide-eyed worried look on his face. He said, "We have a problem." I'm thinking, okay, somebody just crash landed a plane somewhere and I'm going to get 25 people injured onboard in a few minutes, and I'm worried about that. And he says, "It's a little strange."

I said, "Alright, I'm listening."

He said, "Somebody dropped a wrench into the inside of one of the steam turbines on the ship." There are four of these engines and each of them are about 25,000 horsepower; they are huge engines, and we would not be operational. We couldn't run the engine with this piece of foreign body in there because if it got up into the turbine it could ruin the whole engine and maybe make it explode. Who knows what sort of terrible problem it would be, so the engine was finished at that point. He said, "Do you think you can get it out?" I'm thinking, what am I going to do? How am I going to do this? He said, "Come on down and we'll take a look and I'll show you what's going on." So, we went down to the engine room and this steam turbine was a formidable presence; it really was an amazing thing. And he says,

"Come on down here." So we went down to the bottom of it and there was a fairly high crawl space that you could get in and crawl under on your back and look up at the bottom of the turbine. They had drilled a hole in the bottom of the turbine that was about two inches in diameter and the casing around the turbine was about two or three inches thick, something like that. I'm on my back and I'm looking up into this hole that goes up into this huge engine, and the bottom of the casing was a little like a funnel. It was wide at the upper part of it and then narrowed as you got down to where that hole was, and the hole looked like it was at the bottom point of the funnel arrangement. I looked at it and I put a finger up in there, and I could just barely get the tip of my finger over the inside edge, and I felt around and I couldn't feel anything in there, and I got a flashlight and looked around. They had been trying to get this wrench out of the engine for two days at this point. I got the light and I looked up in there and couldn't really see anything in there. So I'm thinking to myself, maybe I could scratch around with a coat hanger or something and see if I could do anything like that. But I thought, well, I don't know quite what's up in there; I

better not be doing that. Suddenly, I wondered if I could get a sigmoidoscope⁷ up into that thing. At that time, flexible colonoscopy devices were just barely getting started, and so we were all pretty used to using rigid sigmoidoscopes, which are about a foot long, and they have a light on them so you can see where you are. I went up and got a sigmoidoscope and grabbed some surgical clamps of various descriptions—some with curves and some straight, and came back down and put the sigmoidoscope in. I'm looking around as best I can. You couldn't get a great angle off to the side, but you could get a little bit of an angle to see off to the side, and I was astonished to see this wrench just sitting there not quite straight up, but at an angle. And there it was. I initially tried to get some sort of surgical tool up through the sigmoidoscope, but I couldn't get it over far enough to get around it or get at the thing. So, I took the sigmoidoscope out and knew the angle where this thing was sitting, and took a rounded forceps and passed that up in so that would loop over the top and could get up into the corners. I kind of felt around with that a little bit. And I could feel it touching

⁷ Sigmoidoscope—a medical device used for examining the large intestines.

the wrench. After five or ten minutes of fussing around and manipulating and getting my bearings, I just opened this thing up and I could feel it kind of slide over the wrench, so I closed it and I felt like I had the wrench. I gave it a little bit of a tug to bring it toward the hole and it just fell out on my chest. As I was working they kept asking "how are we you doing? How you doing?"

I said, "Well, I'm making some progress I think." And then I pulled myself out from under the turbine and I handed them the wrench. They couldn't believe it. I couldn't believe it either. There was a lot of dumb luck involved in having that thing fall out, but I got the wrench around it and skidded it over a to the hole and plunk, it just fell right through the hole. The whole thing took about 2 hours, after they had worked on it for 2 days.

Q: I guess not in a million years did you think that you would be doing this?

A: I suspect that I'm the only person in the Navy that's ever sigmoidoscoped a steam turbine. The rest of the story is that the ship was basically headed back to Norfolk. If I couldn't get the thing out, they were going to have to cut

a very large hole in the flight deck on down through to the engine room to pull this steam turbine out and replace it with a new unit. We're talking maybe half a year the ship being out of service before they could get it back in and going again.

The other part of that story is that my time onboard at sea would have been shorted a lot if I thought about not getting the thing out because we would have been right back at Norfolk. But I would have tried anyway.

Q: That's incredible. Did they allow you to keep the wrench?

A: Well, the story goes on. I did get a commendation from the captain which I still have. As I was leaving the ship when my tour was up, I got handed a package. Inside was a plaque with the wrench on one side and on the other side was the clamp that I'd used to get it. So yes, I do have the wrench and I have the forceps that I used to get it out with.

Q: So after that, how long did you stay in the Navy?

A: I finished my tour in July '76, so I did my two years and then got out and went into private practice.

Q: Were you ever tempted to stay in the Navy?

A: I did think about it. Some of my friends stayed in for another year. I would have made commander if I'd stayed another year. On the medical side of things, you sort of accumulate rank unless you make a terrible blunder, so I'd been a lieutenant commander for quite a long time without doing anything, just in residency and so on, but accumulating time, so that would have happened. But I really wanted to get on with my life. It wasn't a matter that I wanted to get out of the Navy, I really wanted to get on with my life and start doing what I'd been planning to do all along. So, I did leave at the end of two years. But several of my friends did stay, and I think most of them got out after the next year.

Q: And where did you practice surgery?

A: Saranac Lake, New York, up in the Adirondacks. It's been seven or eight years since I retired. I'm 72 now.

Q: So, as you look back where does the Navy fit in your life? Do you still have fond memories?

A: I'm very proud of my service and I definitely have fond memories of the places where I was and the people that I

practiced with. I also began playing folk music while on the ship and music is still an important part of my life.

Q: Well, Dr. Minehan, I really appreciate it.

A: My pleasure.